

## RELEASE AND CONSENT AGREEMENT FOR PERMANENT MAKE UP

I, \_\_\_\_\_, acknowledge and agree to release, and hold harmless DermMetics, L.L.C. and each of its agents, from any and all claims, demands, rights, and actions whatsoever, which the undersigned now has or which may hereafter accrue on account of or in any way arising out of any foreseen and unforeseen bodily and personal injuries and/or the consequences there of resulting from any cosmetic procedures. This release includes any future and all work performed by DermMetics L.L.C.,

By initialing each provision hereafter, the client specifically acknowledges and agrees to the following:

\_\_\_\_\_ If I have diabetes, epilepsy, hepatitis, hemophilia, HIV/AIDS, or any other communicable disease, heart condition or take medicine which thins the blood I have advised Deborah A. Dassion, authorized agent of DermMetics, L.L.C. I further represent that I am not pregnant or nursing, nor am I under the influence of alcohol or drugs.

\_\_\_\_\_ I acknowledge that a permanent makeup/CIT/pigmentation/removal/scar therapies is a permanent change to my appearance and that no representations have been given to me as to the ability to later change or remove my treatment.

\_\_\_\_\_ Should I experience any effects that I have a question, I agree to contact Deborah A. Dassion, authorized agent of DermMetics, L.L.C., as soon as practical, and inform the same of any problems I encounter. Deborah may be contacted at (509) 551-0338.

\_\_\_\_\_ I also consent to taking before, during, and after photographs which is understood to be the sole and/or independent property of DermMetics, L.L.C.

\_\_\_\_\_ Arbitration Agreement: DermMetics, L.L.C. and the client agree that any controversy or claim arising out of or relating to the treatment or services rendered under this contract will be determined by submission to arbitration as provided by Washington law (RCW 7.04), and not by a lawsuit or resort to court process except for judicial review of arbitration proceedings.

\_\_\_\_\_ I understand that if I have any skin treatment, laser hair removal or other skin altering procedures, it may result in adverse changes to my cosmetic treatment. I also understand that permanent makeup colors may not match exactly as expected. Over the months and years following the procedure, softening, lightening or change of color of the pigment may occur.

\_\_\_\_\_ I acknowledge that permanent cosmetics will result in irreversible color change in the skin area treated. However rare, some of the possible complications resulting from this procedure may include swelling, bruising, infection, fanning, post procedure discomfort, and allergic reaction. I accept said risks.

\_\_\_\_\_ I am advised that a minimum of 24 hours is required to cancel an appointment; otherwise, a \$25 fee will incur.

I HAVE READ THE FOREGOING RELEASE AND CONSENT AGREEMENT AND FULLY UNDERSTAND IT.

DATE \_\_\_\_\_

Client's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Area \_\_\_\_\_ Cost \_\_\_\_\_ Area \_\_\_\_\_ Cost \_\_\_\_\_

I will be allowed to have \_\_\_\_\_ treatment(s) within one (1) year from start date above.